

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.I. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501 (c 1. Corporate ID No.	(&d)) is subject to a p 2. Name of Co				
162597	Jake Ente	Jake Enterprises, Inc.			
3. Street Address Principal Business Office 57 Lynn Drive			City North Kingstown	State RI	2ip 02852
4. Business Phone No. 5. State of Incorp. 401-884-3385 Rhode Islam			pration		
6. Brief Description of the Ch. Marketing written ma	terial and any other	lawful business.			
7. NAMES AND ADDR	esses of the off	ICERS: ("X" BOX FOR	ATTACHMENT) 🔲 FILL IN SP.	ACES BEFORE USING	ATTACHMENTS
Mary L. Byrne			Vice President Name Mary L. Byrne		
Street Address same as above			Street Address Same as above		
City	State	Zip	Cuy	State	Zψ
Secretary Name Mary L. Byrne			Treasurer Name Mary L. Byrne		
Street Address same as above			Street Address Same as above		
Сйу	State	Ζψ	City	State	Zψ
S. NAMES AND ADDRI	ESSES OF THE DID	CTORE CEVE DON NO.			-
Director Name Mary L. Byrne	DIA	CTORS: (X BOX FO)	R ATTACHMENT) FILL IN S	PACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
same as above	State	Ζip	City·	State	- Lau
	J			зиле	Zip
Director Name			Director Name	***************************************	
Street Address			Street Address		
City	State	Zip	City	State	Zψ
O. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED (* ISSUED SHARES — THIS SECTI	X" BOX FOR ATTAC.	HMENT) [
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value
1,000 Common No Par Value			100	Common	No Par Value
			1944		
his report must be exe his report must be exec	cuted on behalf of th	ne corporation by an auth e corporation by the rece	Under penalty of perje	лгу, I declare and affirm (s of a receiver or trustee, that I have examined this repatements, and that all stateme
File Date 2-27-09 Check No. 3830 By:			contained herein are to signature	rug and correct.	5/17/8 9.
			Mary L. By Print or Type Name	me	
FOR SECRETARY	OF STATE USE ONLY		President		
	<u>al de les terres Politique de l</u>	statiene 3	Title		